#1341

102
MSD980600084

7/16/90 Order

Penalty Summary

International Paper Company

Wiggins, Mississippi

MSD 980 600 084

Violation	Description	Penalty
Part III, Condition E.1.	Soil core sampling	$2250
Part III, Condition F.8.2.	Groundwater sampling	$2250
Part III, Condition G.2.	Reporting (air monitoring)	$1000
	Total	$5500

Due to the extenuating circumstances (work was to be performed by a third party, not the Permittee) Penalty will be reduced by $500

Net Due: $5000

PENALTY COMPUTATION WORKSHEET

Company Name: INTERNATIONAL PAPER COMPANY

Regulation Violated PART III, CONDITION E.1. OF THE PERMIT

Assessments for each violation should be determined on separate worksheets and totalled.

(If more space is needed, attach separate sheet.)

Part I - Seriousness of Violation Penalty

1. Potential for Harm:	MINOR
2. Extent of Deviation:	MAJOR
3. Matrix Cell Range:	$1500 - $2999
Penalty Amount Chosen:	$2250
Justification for Penalty Amount Chosen:	MIDPOINT
4. Per-Day Assessment:	NA

Part II - Penalty Adjustments

	Percentage Change*	Dollar Amount
1. Good faith efforts to comply/lack of good faith:	-0-	-0-
2. Degree of willfulness and/or negligence:	-0-	-0-
3. History of noncompliance:	-0-	-0-
4. Other unique factors:	-0-	-0-
5. Justification for Adjustments:		

* Percentage adjustments are applied to the dollar amount calculated on line 4, Part I.

PENALTY COMPUTATION WORKSHEET (cont.)

6. Adjusted Per-day Penalty (Line 4, Part I + Lines 1-4, Part II):	$2250
7. Number of Days of Violation:	NA
8. Multi-day Penalty (Number of days x Line 6, Part II):	NA
9. Economic Benefit of Noncompliance:	-0-
Justification:	
NO ECONOMIC BENEFIT TO IP	
10. Total (Lines 8 + 9, Part II):	-0-
11. Ability to Pay Adjustment:	
Justification for Adjustment:	-0-
12. Total Penalty Amount (must not exceed $25,000 per day of violation):	$2250

PROPOSED PENALTY

VIOLATION	POTENTIAL FOR HARM	EXTENT of DEVIATION	AMOUNT
PART III, CONDITION E.1. OF THE PERMIT. FAILURE TO PERFORM SOIL CORE SAMPLING AT A FREQUENCY PRESCRIBED IN THE PERMIT.	MINOR	MAJOR	$ 2250

PART I JUSTIFICATION

(1) Potential for Harm: MINOR

MONITORING RESULTS PROVIDED INDICATE MINIMAL MIGRATION OF CONSTITUENTS.

(2) Extent of Deviation: MAJOR

SAMPLING OCCURRED IN ONLY SIX OF TWENTY FOUR MONTHS.

PART II JUSTIFICATION

NO ADJUSTMENTS WERE MADE.

PENALTY COMPUTATION WORKSHEET

Company Name: INTERNATIONAL PAPER COMPANY

Regulation Violated PART III, CONDITION F. 8.2. of the PERMIT

Assessments for each violation should be determined on separate worksheets and totalled.

(If more space is needed, attach separate sheet.)

Part I - Seriousness of Violation Penalty

1. Potential for Harm: MINOR
2. Extent of Deviation: MAJOR
3. Matrix Cell Range: $1500 - $2999

   Penalty Amount Chosen: $2250

   Justification for Penalty Amount Chosen: MID-POINT
4. Per-Day Assessment: N/A

Part II - Penalty Adjustments

	Percentage Change*	Dollar Amount
1. Good faith efforts to comply/lack of good faith:	-0-	-0-
2. Degree of willfulness and/or negligence:	-0-	-0-
3. History of noncompliance:	-0-	-0-
4. Other unique factors:	-0-	-0-

5. Justification for Adjustments:

* Percentage adjustments are applied to the dollar amount calculated on line 4, Part I.

PENALTY COMPUTATION WORKSHEET (cont.)

6. Adjusted Per-day Penalty (Line 4, Part I + Lines 1-4, Part II):	$ 2250
7. Number of Days of Violation:	N/A
8. Multi-day Penalty (Number of days x Line 6, Part II):	N/A
9. Economic Benefit of Noncompliance:	-0-
Justification: ANY BENEFIT WOULD NOT BE TO IP	
10. Total (Lines 8 + 9, Part II):	-0-
11. Ability to Pay Adjustment:	
Justification for Adjustment:	NA
12. Total Penalty Amount (must not exceed $25,000 per day of violation):	$2250

PROPOSED PENALTY

VIOLATION	POTENTIAL FOR HARM	EXTENT OF DEVIATION	AMOUNT
PART III, CONDITION F.8.a of the PERMIT FAILURE TO PERFORM GROUNDWATER SAMPLING PER THE PRESCRIBED SCHEDULE	MINOR	MAJOR	$2250

PART I JUSTIFICATION

(1) Potential for Harm: MINOR

VERY LITTLE CONTAMINATION WAS DETECTED DOWNGRADIENT FROM LAND TREATMENT UNITS. ANY PLUME ORIGINATING FROM THESE UNITS WOULD SHORTLY COMINGLE WITH HEAVILY CONTAMINATED GROUNDWATER FROM THE SURFACE IMPOUNDMENTS

(2) Extent of Deviation: MAJOR

ONLY ELEVEN OF TWENTY-FOUR REQUIRED SAMPLING EVENTS TOOK PLACE.

PART II JUSTIFICATION

NO ADJUSTMENTS WERE MADE

PENALTY COMPUTATION WORKSHEET

Company Name: INTERNATIONAL PAPER Co.

Regulation Violated PART III, CONDITION G.2. OF THE PERMIT

Assessments for each violation should be determined on separate worksheets and totalled.

(If more space is needed, attach separate sheet.)

Part I - Seriousness of Violation Penalty

1. **Potential for Harm:** MINOR
2. **Extent of Deviation:** MODERATE
3. **Matrix Cell Range:** $500 - $1499

   Penalty Amount Chosen: $1000

   Justification for Penalty Amount Chosen: MID-POINT
4. **Per-Day Assessment:** N/A

Part II - Penalty Adjustments

	Percentage Change*	Dollar Amount
1. Good faith efforts to comply/lack of good faith:	-0-	-0-
2. Degree of willfulness and/or negligence:	-0-	-0-
3. History of noncompliance:	-0-	-0-
4. Other unique factors:	-0-	-0-

5. **Justification for Adjustments:**

* Percentage adjustments are applied to the dollar amount calculated on line 4, Part I.

PENALTY COMPUTATION WORKSHEET (cont.)

6. Adjusted Per-day Penalty (Line 4, Part I + Lines 1-4, Part II):	$1000
7. Number of Days of Violation:	NA
8. Multi-day Penalty (Number of days x Line 6, Part II):	NA
9. Economic Benefit of Noncompliance:	-0-
Justification:	
NO BENEFIT TO IP	
10. Total (Lines 8 + 9, Part II):	-0-
11. Ability to Pay Adjustment:	
Justification for Adjustment:	NA
12. Total Penalty Amount (must not exceed $25,000 per day of violation):	$1000

PROPOSED PENALTY

VIOLATION	POTENTIAL FOR HARM	EXTENT of DEVIATION	AMOUNT
PART III, CONDITION G.2. OF THE PERMIT: FAILURE TO INCLUDE THE AIR SAMPLING TEST RESULTS IN THE SUBMITTAL DUE MARCH 1, 1990.	MINOR	MODERATE	$1000

PART I JUSTIFICATION

(1) Potential for Harm: MINOR

PRIMARY PURPOSE OF AIR MONITORING WAS FOR INFORMATIONAL PURPOSES; IT IS NOT A REGULATORY REQUIREMENT.

(2) Extent of Deviation: MODERATE

RESULTS WERE SUBMITTED JUNE 11, 1990.

PART II JUSTIFICATION

NO ADJUSTMENTS.

West Unit

RECEIVED MSD 980 600 084
EPA/REGION IV 442
OCT 30 3 41 PM '90
WASTE
COMPLIANCE SECTION

STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
RAY MABUS
GOVERNOR

October 22, 1990

Mr. Howard Hamilton, General Manager
International Paper Company (IPCO)
P.O. Box 37
Old Highway 49 South
Wiggins, MS 39577

Dear Mr. Hamilton:

Re: Response to O and M Report and
Fourth Quarter, 1989 and First Quarter,
1990 Semi-Annual Corrective Action
Report
MSD 980 600 084

We concur with IPCO's response to the finding of the O and M inspection that total well depth measurements for some wells were incorrect. Although sumps at the bottom of well screens were not taken into consideration in comparing well completion information to measured field data, a siltation problem was identified by IPCO's in evaluating possible sources of error. If redevelopment, as proposed, fails to remove accumulated silt from a CAP well when less than 80% of the screened interval is open, it will be necessary to replace that well.

Response 5 in Mr. Carter's letter of September 10 states that the rotational pumping strategy prevents constituents from being immobilized in the soil matrix due to lowering of the water level while allowing slower moving PAH/PCP constituents to migrate to pumping wells during resting periods. The purpose of using an extraction well system is to lower the water table (i.e., change the gradient) so that groundwater flow directions are influenced by pumping wells and capture of contaminants may be achieved. "Smearing" of contaminants through the soil matrix can occur when water levels are raised or lowered by seasonal fluctuations (for which there is no control) or by altering recharge and/or pumping rates in a corrective action system. A system should be developed to provide sustained rates of pumping (and resultant drawdown) to avoid the latter circumstance and to ensure plume capture.

In addition, non aqueous phase liquids (NAPLS) and especially dissolved (aqueous phase) constituents do not move at rates independent of groundwater flow velocity. Retardation due to adsorption will affect

solute movement, but only by a factor relative to the linear groundwater velocity. Transport of dissolved constituents such as those at IPCO is mainly a function of contaminant input history, advection (groundwater flow), velocity distribution, and chemical dispersion. In short, a pumping well in a resting phase will not increase contaminant recovery regardless of the time element involved.

If pumping rates can not me increased and sustained to control plume migration following the proposed adjustments to the treatment system, additional recovery wells will be required.

If you have questions or comments, please call me at (601) 961-5171.

Sincerely,

Thad Hopper
Hazardous Waste Division

TH-6:dh
cc: Mr. James H. Scarbrough, EPA

MSD 980600084

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STATE OF MISSISSIPPI
DEPARTMENT OF ENVIRONMENTAL QUALITY
RAY MABUS
GOVERNOR

October 25, 1990

Mr. Stephen Carter
Environmental Coordinator
International Paper Company (IPCO)
P.O. Box 809024
Dallas, Texas 75380-9024

Dear Mr. Carter:

Following our conversation on October 24, 1990, I further researched the use of pulsed or rotational pumping to increase the efficiency of contaminant recovery. The intent of Response 5 in your letter of September 10, 1990, may have been to describe the following: the theory of pulse pumping to improve efficiency of recovery is not based on the rate of contaminant migration, as implied in your letter, but on limitations due to sorption where NAPL's are trapped in pore spaces by interfacial tension and liquid - liquid partitioning controls diffusion. During remediation, groundwater velocity may be too rapid too allow aqueous saturation of portioned contaminants to be reached locally. Efficiency of contaminant removal under this condition will tend to decrease with each pore volume of water removed as affected water is replaced by unaffected water from upgradient.

As the "residence time" of pore water is increased and equilibrium is approached, desorption of the contaminant slows from its initial rapid rate. Rotational pumping utilizes this phenomenon by allowing sufficient time for equilibrium concentrations to be reached in local groundwater. During the pumping phase, it is theorized a minimum volume of contaminated water can be removed at maximum concentrations, for the most efficient treatment. However, if plume capture must be maintained, as at IPCO, Wiggins, it is necessary to pump continuously at plume boundaries and delegate pulsed pumping to the interior of the plume. Therefore, if continuous pumping of all extraction wells at low rates does not indicate efficient use of the system, rotating of pumping wells in the plume interior may be an option.

If you have questions or comments, please contact me at (601) 961-5171.

Sincerely,

Thad Hopper
Hazardous Waste Division

TH-9:dh
cc: Mr. Howard Hamilton
Mr. James H. Scarbrough, EPA

THIS COPY FOR

M.2 - SITE MAINTENANCE FORM

* ACTION: _ *

EPA ID : MSD980600084

SITE NAME: INTERNATIONAL PAPER CO WOOD PRESERVING SOURCE: H * _____ _ *

STREET : OLD HWY 49 S CONG DIST: 05 * _____ __ *

CITY : WIGGINS ZIP: 39577 * _____ _____-____ *

CNTY NAME: STONE CNTY CODE : 131 * _____ ___ *

LATITUDE : 30/51/05.9 LONGITUDE : 089/10/05.4 * __/__/__._ ___/__/__._ *

LL-SOURCE: R LL-ACCURACY: * _ _ *

SMSA : 0920 HYDRO UNIT: 03170007 * ____ _____ *

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N * _ _ _ _ *

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE: * _ __/__ __/__ *

SITE/SPILL IDS: * __ __ __ __ __ *

RPM NAME: FELECIA BARNETT RPM PHONE: 404-347-2234 * _____ ___-___-____ *

SITE CLASSIFICATION: SITE APPROACH: * __ ___ *

DIOXIN TIER: REG FLD1: REG FLD2: 1 * _____ _____ _ *

RESP TERM: PENDING ( ) NO FURTHER ACTION ( ) * PENDING (_) NO FURTHER ACTION (_) *

ENF DISP: NO VIABLE RESP PARTY ( ) VOLUNTARY RESPONSE ( ) * _ _ *
ENFORCED RESPONSE ( ) COST RECOVERY ( ) * _ _ *

SITE DESCRIPTION:

* _____ *

* _____ *

* _____ *

* _____ *

M.2 - PROGRAM MAINTENANCE FORM

ACTION: _

SITE: INTERNATIONAL PAPER CO WOOD PRESERVING

EPA ID: MSD980600084 PROGRAM CODE: H01 PROGRAM TYPE: _

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

M.2 - EVENT MAINTENANCE FORM

* ACTION: _ *

SITE: INTERNATIONAL PAPER CO WOOD PRESERVING
PROGRAM: SITE EVALUATION

EPA ID: MSD980600084 PROGRAM CODE: H01 EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: E * _ ___ _ *

EVENT NAME: DISCOVERY STATUS: * _____ _ *

DESCRIPTION:

* _____ *
* _____ *
* _____ *
* _____ *

ORIGINAL	CURRENT	ACTUAL			
START:	START:	START:	* __/__/__	__/__/__	__/__/__ *
COMP :	COMP :	COMP : 08/01/80	* __/__/__	__/__/__	__/__/__ *

HQ COMMENT:

* _____ *

RG COMMENT:

* _____ *

COOP AGR #	AMENDMENT #	STATUS	STATE %				
			0	* _____	_____	__	___ *

M.2 - EVENT MAINTENANCE FORM

* ACTION: _ *

SITE: INTERNATIONAL PAPER CO WOOD PRESERVING
PROGRAM: SITE EVALUATION

EPA ID: MSD980600084 PROGRAM CODE: H01 EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: E * _ ___ _ *

EVENT NAME: PRELIMINARY ASSESSMENT STATUS: * _____ _ *

DESCRIPTION:

* _____ *
* _____ *
* _____ *
* _____ *

ORIGINAL	CURRENT	ACTUAL			
START:	START:	START: 10/01/82	* __/__/__	__/__/__	__/__/__ *
COMP :	COMP :	COMP : 11/01/82	* __/__/__	__/__/__	__/__/__ *

HQ COMMENT:

* _____ *

RG COMMENT:

* _____ *

COOP AGR #	AMENDMENT #	STATUS	STATE %				
			0	* _____	_____	__	___ *

M.2 - COMMENT MAINTENANCE FORM

SITE: INTERNATIONAL PAPER CO WOOD PRESERVING

EPA ID: MSD980600084

COM NO	COMMENT		ACTION	
001	PART A- ON FILE	*	_	*
		*		*

Site (25)

NOTE: This facility is an active RCRA facility, however there are some small buried waste pits applicable to Superfund. This site inspection form applies to Superfund portion only !

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 1 - SITE LOCATION AND INSPECTION INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
MSS	00000 1063
MSD	980600084

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER				
Intl. Paper Co / Wiggins Wood Preserve	Old Hwy. 49 Cutoff				
03 CITY	**04 STATE**	**05 ZIP CODE**	**06 COUNTY**	**07 COUNTY CODE**	**08 CONG DIST**
Wiggins	Ms.	39577	Stone		

09 COORDINATES LATITUDE	LONGITUDE	10 TYPE OF OWNERSHIP (Check one)
30 51 05.9	089 10 05.4	☒ A. PRIVATE ☐ B. FEDERAL _____ ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL ☐ F. OTHER _____ ☐ G. UNKNOWN

III. INSPECTION INFORMATION

01 DATE OF INSPECTION	02 SITE STATUS	03 YEARS OF OPERATION
3 31 82 (MONTH DAY YEAR)	☐ ACTIVE ☒ INACTIVE (Part we are Studying)	1972 (BEGINNING YEAR) 1980 (ENDING YEAR) ___ UNKNOWN

04 AGENCY PERFORMING INSPECTION (Check all that apply)
☐ A. EPA ☒ B. EPA CONTRACTOR Ecol. & Envr. Inc. (Name of firm) ☐ C. MUNICIPAL ☐ D. MUNICIPAL CONTRACTOR _____ (Name of firm)
☐ E. STATE ☐ F. STATE CONTRACTOR _____ (Name of firm) ☐ G. OTHER _____ (Specify)

05 CHIEF INSPECTOR	06 TITLE	07 ORGANIZATION	08 TELEPHONE NO
Jeff Hundley	Civil Engr.	E&E	(404) 288-7711
09 OTHER INSPECTORS	10 TITLE	11 ORGANIZATION	12 TELEPHONE NO.
Mac Carman	Chem. Engr.	E&E	( ) 11
			( )
			( )
			( )
			( )

13 SITE REPRESENTATIVES INTERVIEWED	14 TITLE	15 ADDRESS	16 TELEPHONE NO
RAS DAVIS	Plant Mngr.	Wiggins, Ms.	(601) 928-3510
			( )
			( )
			( )
			( )
			( )

17 ACCESS GAINED BY (Check one)	18 TIME OF INSPECTION	19 WEATHER CONDITIONS
☒ PERMISSION ☐ WARRANT	11:00 AM	Overcast, misty, windy and about 60°F

IV. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NO.
Ron Joyner	EPA Region 4	(404) 881-2234

04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NO.	08 DATE
Jeff Hundley	FIT contract	E&E, Inc.	404-288-7711	4 7 82 (MONTH DAY YEAR)

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES *(Check all that apply)*

- ☐ A. SOLID
- ☐ B. POWDER, FINES
- ☒ C. SLUDGE
- ☐ D. OTHER (Specify)
- ☐ E. SLURRY
- ☐ F. LIQUID
- ☐ G. GAS

02 WASTE QUANTITY AT SITE
(Measures of waste quantities must be independent)

TONS: _____
CUBIC YARDS: _____
NO. OF DRUMS: UNKNOWN

03 WASTE CHARACTERISTICS *(Check all that apply)*

- ☐ A. TOXIC
- ☒ B. CORROSIVE
- ☐ C. RADIOACTIVE
- ☐ D. PERSISTENT
- ☐ E. SOLUBLE
- ☐ F. INFECTIOUS
- ☐ G. FLAMMABLE
- ☐ H. IGNITABLE
- ☐ I. HIGHLY VOLATILE
- ☐ J. EXPLOSIVE
- ☐ K. REACTIVE
- ☐ L. INCOMPATIBLE
- ☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
(SLU)	SLUDGE	Unknown amounts of creosote sludge from		
OLW	OILY WASTE	their system cleanout was buried onsite.		
SOL	SOLVENTS	this only occurred periodically (maybe every		
PSD	PESTICIDES	couple of years)		
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES *(See Appendix for most frequently cited CAS Numbers)*

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
KOO1	Creosote	–	Buried in pits	Unknown	

V. FEEDSTOCKS *(See Appendix for CAS Numbers)*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION *(Cite specific references, e.g., state files, sample analysis, reports)*

Interviews with: I-P's Plant Manager in Wiggins
I-P's Environ. Engineer in Atlanta, Ga.
Ms DNR in Jackson, Ms.

Site (25)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE: MSS	02 SITE NUMBER:

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 [X] A. GROUNDWATER CONTAMINATION — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL [X] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

I-P's study of area shows groundwater contamination. However, the g.w. contamination is alledgedly from the RCRA impoundments.

01 [X] B. SURFACE WATER CONTAMINATION — 02 ☐ OBSERVED (DATE: _____) [X] POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

The RCRA part of facility has potential to contaminate surface water through runoff migration. Not the Superfund pits.

01 ☐ C. CONTAMINATION OF AIR — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 [X] E. DIRECT CONTACT — 02 ☐ OBSERVED (DATE: _____) [X] POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

The RCRA portion (not the Superfund "Pits") has creosote all over the ground surface and could create direct contact problems.

01 [X] F. CONTAMINATION OF SOIL — 02 ☐ OBSERVED (DATE: _____) [X] POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: < 1 acre (Acres) 04 NARRATIVE DESCRIPTION

The Superfund "pits" have the potential to contaminate the subsurface soil somewhat, but the RCRA portion of site has creosote all over the surface.

01 ☐ G. DRINKING WATER CONTAMINATION — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 [X] H. WORKER EXPOSURE/~~INJURY~~ — 02 ☐ OBSERVED (DATE: _____) [X] POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

RCRA portion of site has creosote all over surface which could expose workers.

01 ☐ I. POPULATION EXPOSURE/INJURY — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS *(Continued)*

01 ☐ J. DAMAGE TO FLORA — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ K. DAMAGE TO FAUNA — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION *(Include name(s) of species)*

01 ☐ L. CONTAMINATION OF FOOD CHAIN — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES *(Spills; Runoff; Standing liquids; Leaking drums)* — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: Workers only ones really affected

IV. COMMENTS

The Superfund "Pits" do not appear to present a significant problem at this site. The active RCRA portion of the plant has three ~~unlined~~ creosote impoundments and creosote all over the ground surface. The overall conditions of the RCRA portion of the site were poor.

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION
PART 4 - PERMIT AND DESCRIPTIVE INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. PERMIT INFORMATION

01 TYPE OF PERMIT ISSUED (Check all that apply)	02 PERMIT NUMBER	03 DATE ISSUED	04 EXPIRATION DATE	05 COMMENTS
☐ A. NPDES				
☐ B. UIC				
☐ C. AIR				
☐ D. RCRA				
☒ E. RCRA INTERIM STATUS				(Not applicable to the Superfund "Pits" being studied in this project)
☐ F. SPCC PLAN				
☐ G. STATE (Specify)				
☐ H. LOCAL (Specify)				
☐ I. OTHER (Specify)				
☐ J. NONE				

III. SITE DESCRIPTION

01 STORAGE/DISPOSAL (Check all that apply)	02 AMOUNT	03 UNIT OF MEASURE
☒ A. SURFACE IMPOUNDMENT	RCRA Portion of Plant	
☐ B. PILES		
☐ C. DRUMS, ABOVE GROUND		
☐ D. TANK, ABOVE GROUND		
☐ E. TANK, BELOW GROUND		
☒ F. LANDFILL	Superfund Portion (4 pits)	
☐ G. LANDFARM		
☐ H. OPEN DUMP		
☐ I. OTHER (Specify)		

04 TREATMENT (Check all that apply)

- ☐ A. INCENERATION
- ☐ B. UNDERGROUND INJECTION
- ☐ C. CHEMICAL/PHYSICAL
- ☐ D. BIOLOGICAL
- ☐ E. WASTE OIL PROCESSING
- ☐ F. SOLVENT RECOVERY
- ☐ G. OTHER RECYCLING/RECOVERY
- ☐ H. OTHER (Specify)

05 OTHER

- ☐ A. BUILDINGS ON SITE

06 AREA OF SITE

_____ (Acres)

07 COMMENTS

Occasionally, I-P used to clean out their system and bury the creosote sludge in pits on the site. The typical pit size was 8ft. wide, 25 ft. long, and 6 ft. deep. The pit would typically have 3 ft. layer of creosote sludge covered by 3 ft. of dirt.

IV. CONTAINMENT

01 CONTAINMENT OF WASTES (Check one) ← as far as the Superfund "Pits" were concerned.

☐ A. ADEQUATE, SECURE ☒ B. MODERATE ☐ C. INADEQUATE, POOR ☐ D. INSECURE, UNSOUND, DANGEROUS

02 DESCRIPTION OF DRUMS, DIKING, LINERS, BARRIERS, ETC.

The soil that pits were dug into is a hard red clay.

V. ACCESSIBILITY

01 WASTE EASILY ACCESSIBLE ☐ YES ☒ NO

02 COMMENTS Would have to dig up the buried creasote.

VI. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION

01 STATE	02 SITE NUMBER

II. DRINKING WATER SUPPLY

01 TYPE OF DRINKING SUPPLY (Check as applicable)	SURFACE	WELL	02 STATUS	ENDANGERED	AFFECTED	MONITORED	03 DISTANCE TO SITE
COMMUNITY	A. ☐	B. ☒		A. ☐	B. ☐	C. ☐	A. 2 or 3 (mi)
NON-COMMUNITY	C. ☐	D. ☐		D. ☐	E. ☐	F. ☐	B. _____ (mi)

III. GROUNDWATER

01 GROUNDWATER USE IN VICINITY (Check one)

☐ A. ONLY SOURCE FOR DRINKING

☒ B. DRINKING (Assumed) (Other sources available)
COMMERCIAL, INDUSTRIAL, IRRIGATION (No other water sources available)

☐ C. COMMERCIAL, INDUSTRIAL, IRRIGATION (Limited other sources available)

☐ D. NOT USED, UNUSEABLE

02 POPULATION SERVED BY GROUND WATER _____

03 DISTANCE TO NEAREST DRINKING WATER WELL _____ (mi)

04 DEPTH TO GROUNDWATER	05 DIRECTION OF GROUNDWATER FLOW	06 DEPTH TO AQUIFER OF CONCERN	07 POTENTIAL YIELD OF AQUIFER	08 SOLE SOURCE AQUIFER
_____ (ft)	_____	_____ (ft)	_____ (gpd)	☐ YES ☐ NO

09 DESCRIPTION OF WELLS (Including useage, depth, and location relative to population and buildings)

10 RECHARGE AREA		11 DISCHARGE AREA	
☐ YES ☐ NO	COMMENTS	☐ YES ☐ NO	COMMENTS

IV. SURFACE WATER

01 SURFACE WATER USE (Check one)

☐ A. RESERVOIR, RECREATION DRINKING WATER SOURCE

☐ B. IRRIGATION, ECONOMICALLY IMPORTANT RESOURCES

☐ C. COMMERCIAL, INDUSTRIAL

☒ D. NOT CURRENTLY USED

02 AFFECTED/POTENTIALLY AFFECTED BODIES OF WATER

NAME:	AFFECTED	DISTANCE TO SITE
_____	☐	_____ (mi)
_____	☐	_____ (mi)
_____	☐	_____ (mi)

V. DEMOGRAPHIC AND PROPERTY INFORMATION

01 TOTAL POPULATION WITHIN (Town of Wiggins)

ONE (1) MILE OF SITE	TWO (2) MILES OF SITE	THREE (3) MILES OF SITE
A. _____ NO. OF PERSONS	B. _____ NO. OF PERSONS	C. _____ NO. OF PERSONS

02 DISTANCE TO NEAREST POPULATION _____ (mi)

03 NUMBER OF BUILDINGS WITHIN TWO (2) MILES OF SITE _____

04 DISTANCE TO NEAREST OFF-SITE BUILDING _____ (mi)

05 POPULATION WITHIN VICINITY OF SITE (Provide narrative description of nature of population within vicinity of site, e.g., rural, village, densely populated urban area)

Fairly rural area immediately surrounding site. Small town of Wiggins, Ms. nearby. Small population affected (generally)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one) Assumed

X A. 10^{-6} – 10^{-8} cm/sec X B. 10^{-4} – 10^{-6} cm/sec ☐ C. 10^{-4} – 10^{-3} cm/sec ☐ D. GREATER THAN 10^{-3} cm/sec

"Hard red clay"

02 PERMEABILITY OF BEDROCK (Check one)

Unknown ☐ A. IMPERMEABLE (Less than 10^{-6} cm/sec) ☐ B. RELATIVELY IMPERMEABLE (10^{-4} – 10^{-6} cm/sec) ☐ C. RELATIVELY PERMEABLE (10^{-2} – 10^{-4} cm/sec) ☐ D. VERY PERMEABLE (Greater than 10^{-2} cm/sec)

03 DEPTH TO BEDROCK	04 DEPTH OF CONTAMINATED SOIL ZONE	05 SOIL pH	
_____ (ft)	_____ (ft)	_____	

06 NET PRECIPITATION	07 ONE YEAR 24 HOUR RAINFALL	08 SLOPE		
		SITE SLOPE	DIRECTION OF SITE SLOPE	TERRAIN AVERAGE SLOPE
_____ (in)	_____ (in)	_____ %		_____ %

09 FLOOD POTENTIAL	10
SITE IS IN _____ YEAR FLOODPLAIN	☐ SITE IS ON BARRIER ISLAND, COASTAL HIGH HAZARD AREA, RIVERINE FLOODWAY

11 DISTANCE TO WETLANDS (5 acre minimum)		12 DISTANCE TO CRITICAL HABITAT (of endangered species)
ESTUARINE	OTHER	_____ (mi)
A. _____ (mi)	B. _____ (mi)	ENDANGERED SPECIES: _____

13 LAND USE IN VICINITY

DISTANCE TO:			
COMMERCIAL/INDUSTRIAL	RESIDENTIAL AREAS; NATIONAL/STATE PARKS, FORESTS, OR WILDLIFE RESERVES	AGRICULTURAL LANDS PRIME AG LAND	AGRICULTURAL LANDS AG LAND
A. _____ (mi)	B. _____ (mi)	C. _____ (mi)	D. _____ (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY

VII. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 6 - SAMPLE AND FIELD INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. SAMPLES TAKEN

SAMPLE TYPE	01 NUMBER OF SAMPLES TAKEN	02 SAMPLES SENT TO	03 ESTIMATED DATE RESULTS AVAILABLE
GROUNDWATER			
SURFACE WATER			
WASTE			
AIR			
RUNOFF			
SPILL			
SOIL			
VEGETATION			
OTHER			

III. FIELD MEASUREMENTS TAKEN

01 TYPE	02 COMMENTS

IV. PHOTOGRAPHS AND MAPS

01 TYPE ☐ GROUND ☐ AERIAL

02 IN CUSTODY OF _____
(Name of organization or individual)

03 MAPS
☒ YES
☐ NO

04 LOCATION OF MAPS
Site sketch included in data submitted to EPA Region 4.

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Int'l. Paper in Atlanta, Ga ; Mr. Jim Thompson, Envir. Engr.
(404) 447-1474

EPA FORM 2070-13 (7-81)

Site (25)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 7 - OWNER INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. CURRENT OWNER(S)

01 NAME	02 D+B NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	05 CITY	06 STATE	07 ZIP CODE
Same as operator						

PARENT COMPANY (If applicable)

08 NAME	09 D+B NUMBER	10 STREET ADDRESS (P.O. Box, RFD #, etc.)	11 SIC CODE	12 CITY	13 STATE	14 ZIP CODE

III. PREVIOUS OWNER(S) (List most recent first)

01 NAME	02 D+B NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	05 CITY	06 STATE	07 ZIP CODE

IV. REALTY OWNER(S) (If applicable; list most recent first)

01 NAME	02 D+B NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	05 CITY	06 STATE	07 ZIP CODE

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 8 - OPERATOR INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER

II. CURRENT OPERATOR *(Provide if different from owner)*

01 NAME	02 D+B NUMBER
Intl. Paper Co.	

03 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	04 SIC CODE
P.O. Box 340	

05 CITY	06 STATE	07 ZIP CODE
Wiggins	Ms	39577

08 YEARS OF OPERATION	09 NAME OF OWNER
1969 to present	Intl. Paper Co.

OPERATOR'S PARENT COMPANY *(If applicable)*

10 NAME	11 D+B NUMBER

12 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	13 SIC CODE

14 CITY	15 STATE	16 ZIP CODE

III. PREVIOUS OPERATOR(S) *(List most recent first; provide only if different from owner)*

01 NAME	02 D+B NUMBER

03 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	04 SIC CODE

05 CITY	06 STATE	07 ZIP CODE

08 YEARS OF OPERATION	09 NAME OF OWNER DURING THIS PERIOD

PREVIOUS OPERATORS' PARENT COMPANIES *(If applicable)*

10 NAME	11 D+B NUMBER

12 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	13 SIC CODE

14 CITY	15 STATE	16 ZIP CODE

01 NAME	02 D+B NUMBER

03 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	04 SIC CODE

05 CITY	06 STATE	07 ZIP CODE

08 YEARS OF OPERATION	09 NAME OF OWNER DURING THIS PERIOD

10 NAME	11 D+B NUMBER

12 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	13 SIC CODE

14 CITY	15 STATE	16 ZIP CODE

01 NAME	02 D+B NUMBER

03 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	04 SIC CODE

05 CITY	06 STATE	07 ZIP CODE

08 YEARS OF OPERATION	09 NAME OF OWNER DURING THIS PERIOD

10 NAME	11 D+B NUMBER

12 STREET ADDRESS *(P.O. Box, RFD #, etc.)*	13 SIC CODE

14 CITY	15 STATE	16 ZIP CODE

IV. SOURCES OF INFORMATION *(Cite specific references, e.g., state files, sample analysis, reports)*

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 9 - GENERATOR/TRANSPORTER INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. ON-SITE GENERATOR

01 NAME	02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	
05 CITY	06 STATE / 07 ZIP CODE	

III. OFF-SITE GENERATOR(S)

01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE

IV. TRANSPORTER(S)

01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE / 07 ZIP CODE	05 CITY	06 STATE / 07 ZIP CODE

V. SOURCES OF INFORMATION *(Cite specific references, e.g., state files, sample analysis, reports)*

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. PAST RESPONSE ACTIVITIES

01 ☐ A. WATER SUPPLY CLOSED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ B. TEMPORARY WATER SUPPLY PROVIDED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ C. PERMANENT WATER SUPPLY PROVIDED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ D. SPILLED MATERIAL REMOVED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ E. CONTAMINATED SOIL REMOVED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ F. WASTE REPACKAGED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ G. WASTE DISPOSED ELSEWHERE — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ H. ON SITE BURIAL — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ I. IN SITU CHEMICAL TREATMENT — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ J. IN SITU BIOLOGICAL TREATMENT — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ K. IN SITU PHYSICAL TREATMENT — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ L. ENCAPSULATION — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ M. EMERGENCY WASTE TREATMENT — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ N. CUTOFF WALLS — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ O. EMERGENCY DIKING/SURFACE WATER DIVERSION — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ P. CUTOFF TRENCHES/SUMP — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ Q. SUBSURFACE CUTOFF WALL — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II PAST RESPONSE ACTIVITIES *(Continued)*

01 ☐ R. BARRIER WALLS CONSTRUCTED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ S. CAPPING/COVERING — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ T. BULK TANKAGE REPAIRED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ U. GROUT CURTAIN CONSTRUCTED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ V. BOTTOM SEALED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ W. GAS CONTROL — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ X. FIRE CONTROL — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ Y. LEACHATE TREATMENT — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ Z. AREA EVACUATED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ 1. ACCESS TO SITE RESTRICTED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ 2. POPULATION RELOCATED — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

01 ☐ 3. OTHER REMEDIAL ACTIVITIES — 02 DATE _____ — 03 AGENCY _____
04 DESCRIPTION

III. SOURCES OF INFORMATION *(Cite specific references, e g., state files, sample analysis, reports)*

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 11 - ENFORCEMENT INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION ☐ YES ☐ NO

02 DESCRIPTION OF FEDERAL, STATE, LOCAL REGULATORY/ENFORCEMENT ACTION

III. SOURCES OF INFORMATION *(Cite specific references, e.g., state files, sample analysis, reports)*

INTERNATIONAL PAPER COMPANY
6700 LBJ EXPRESSWAY, DALLAS, TEXAS 75240

SCOTT P. BERDINE
Manager, Environmental Services (West)

PHONE (214) 934-6226

June 8, 1981

U. S. Environmental Protection Agency
Region 4
Sites Notification
345 Courtland Street, N.E.
Atlanta, Georgia 30308

Gentlemen:

Enclosed is an EPA Notification of Hazardous Waste Site form for the following site owned and operated by International Paper Company:

Wiggins, Mississippi - Treated Wood Facility

This notification is made to comply with Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980.

Notification is being made only because of the possibility that very small quantities of hazardous waste may have accumulated during many years of operation at this site. No significant quantities of hazardous waste are known to have been disposed at this facility. This facility was identified based on present knowledge, belief, recollection and reasonably available records.

International Paper Company reserves the right to withdraw this notification or to modify or amend it in view of information which may become available in the future.

If you need further information please contact me at 214-934-6226.

Sincerely,

Scott P. Berdine

Scott P. Berdine
Manager - Environmental Services (West)

SPB:lg

Enclosure

EPA Notification c_ Hazardous Waste Sit

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: International Paper Company

Street: P. O. Box 340

City: Wiggins State: MS Zip Code: 39577

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: International Paper Co. - Wiggins Wood Preserving Plant

Street: Old Highway 49 Cut Off

City: Wiggins County: Stone State: MS Zip Code: 39577

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): Davis, Ras, Plant Manager

Phone: 601-928-3510

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1972 To (Year): 1980

E Waste Type: Choose the option you prefer to complete

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

_____
_____
_____

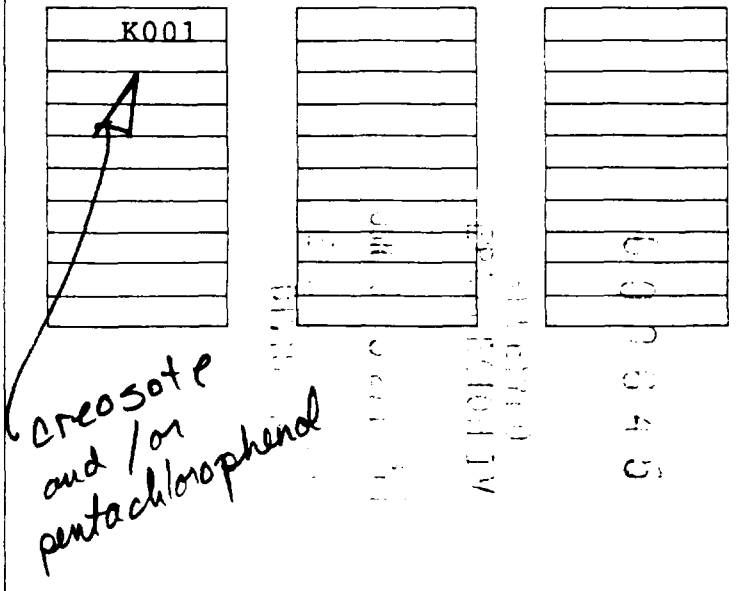
Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

_____
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.



Form Approved
OMB No. 2000-0138

EPA Form 8900-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet: 3,600

gallons: 27,000 gallons

Total Facility Area

square feet: 1,800 Small

acres: 0.04 Acres

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name: International Paper Company

Street: P. O. Box 340

City: Wiggins State: MS Zip Code: 39577

Signature: Ron Davis Date: 5/13/81

☒ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

INTERNATIONAL PAPER COMPANY
TREATED WOOD PRODUCTS DIVISION
WIGGINS, MISSISSIPPI

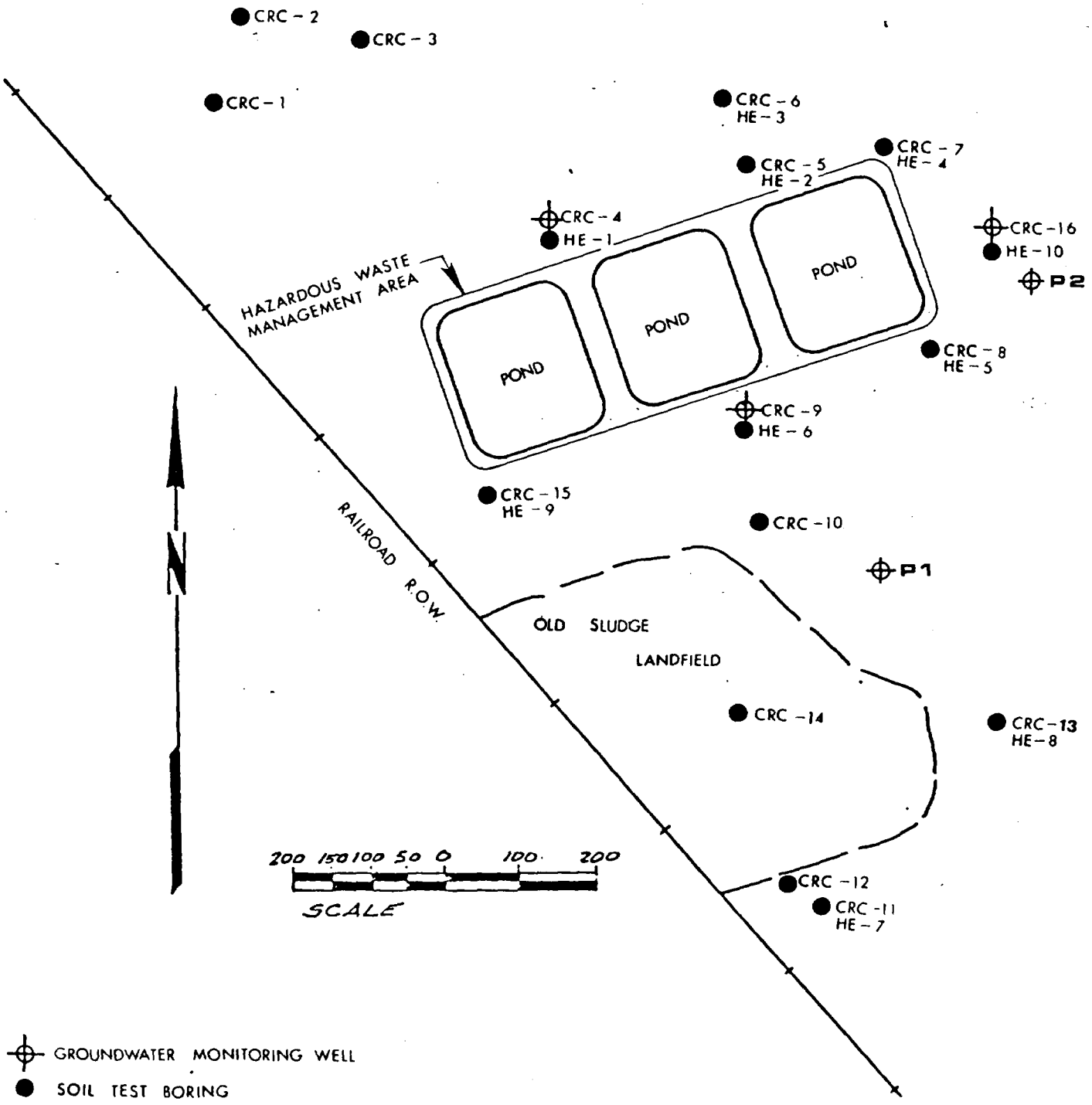


FIGURE 4.2. PROPOSED LOCATIONS OF ADDITIONAL MONITORING WELLS

NOTIS ID NO. MSSP00001063 EPA SITE ID NO... SITE COUNTY... STONE

SITE NAME... INTERNATIONAL PAPER/WIGGINS WOOD PRES PL NOTIFIER NAME... INTERNATIONAL PAPER CO

SITE STR.... OLD HIGHWAY 49 CUT-OFF NOTIFIER STR.... P. O. BOX 340

SITE CITY... WIGGINS ST MS ZIP 39577 NOTIFIER CITY... WIGGINS ST MS ZIP 39577

CONTACT NAME/TITLE... DAVIS, RAS, PLANT MGR CONTACT PHONE... 6019283510

	REQUIRED NOTIFIER STATUS					
	PRES OPR	PAST OPR	PRES OPR	PAST OPR	VOLUNTEER	TRANSPORTER
	X		X			

FORM TYPE	DATES OF WASTE HANDLING	RELEASES TO THE ENVIRONMENT KNOWN	SUSPECTED	LIKELY	NONE	MAP	SIGNATURE PRESENT
8900-1	1972 TO 1980		X			NO	YES

TYPE OF FACILITY

PILES	LAND TREAT-MENT	LAND FILL	TANKS	IMPOUND MENT	UNDER-GROUND INJECTION	DRUMS, ABOVE GROUND	DRUMS, BELOW GROUND	OTHER, SPE FOLDER
		X					X	

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F MSD082001280

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affi it in the designated space. Review the inform ation carefully; if any of it is incorrect, cro through it and enter the correct data in th appropriate fill-in area below. Also, if any c the preprinted data is absent *(the area to th left of the label space lists the informatio that should appear)*, please provide it in th proper fill-in area*(s)* below. If the label complete and correct, you need not complet Items I, III, V, and VI *(except VI-B whic must be completed regardless)*. Complete a Items if no label has been provided. Refer t the instructions for detailed item descrip tions and for the legal authorizations und which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER	~~MSD082001280~~ MST 2900101107
III. FACILITY NAME	International Paper Co.-Wiggins Wood Preserving
V. FACILITY MAILING ADDRESS	P. O. Box 340, Wiggins, Mississippi 39577
VI. FACILITY LOCATION	Old Highway 49 South Wiggins, Mississippi 39577

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: INTENATIONAL PAPER CO WIGGINS WD PRES

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 DAVIS RAS PLANT MANAGER	601 928 3510

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 PO BOX 340	4 WIGGINS	MS	39577

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 OLD HIGHWAY 49 SOUTH	STONE

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 WIGGINS	MS	39577	

CONTINUE ON REVE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
2941 (specify) WOOD PRESERVING	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

INTERNATIONAL PAPER COMPANY

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

A 601 928 3510

E. STREET OR P.O. BOX

77 WEST 45th STREET

F. CITY OR TOWN

B NEW YORK

G. STATE NY

H. ZIP CODE 10036

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER** (specify)
9 U	9 2540-00003 (specify) MS DEPT OF NAT RESOURCES AIR EMISSIONS EQUIP OPER PERMIT
C. RCRA (Hazardous Wastes)	**E. OTHER** (specify)
9 R	9 78-013 (specify) M.A.W.P.C.C. - NO DISCHAR STATE OPERATING PERMIT

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

PRESSURE TREATMENT OF POLES, PILES, AND TIMBERS WITH STANDARD WOOD PRESERVATIVES CONFORMING TO AWPA AND CUSTOMERS SPECIFICATIONS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
David IJ Wang - V.P. & Group Executive, Wood Products Businesses	DIJWang	11/18/80 CH

COMMENTS FOR OFFICIAL USE ONLY

C

The areas are spaced for elite type, i.e., 12 characters/inch.

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U NVIRONMENTAL PROTECTION AGENCY

HAZA 'OUS WASTE PERMIT APPLICATIO

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F | M S D 0 8 2 0 0 1 2 8 0

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C 8 | YR. 69 | MO. 12 | DAY 01 — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR. | MO. | DAY — FOR NEW FACILITIE PROVIDE THE DATE *(yr., mo., & day)* OPER TION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C | DUP | T/A | C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B.1. AMOUNT (specify)	B.2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B.1. AMOUNT	B.2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 3	50,000	G		7				
2	S 0 4	4,000,000	G		8				
3	S 0 4	2,000,000	G		9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES *(code* "). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS (continued)

E. USE THIS SPACE TO LIST ADDITION PROCESS CODES FROM ITEM D(1) ON F E 3.

EPA I.D. NO. *(enter from page 1)*

F	M	S	D	0	8	2	0	0	1	2	8	0		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
30 51 059	089 10 054

VIII. FACILITY OWNER

[X] A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
David IJ Wang - V.P. & Group Executive, Wood Products Businesses	[signature]	11/18/00

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

Continued from page 2.
NOTE. Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													T/A	C
W	M	S	D	0	8	2	0	0	1	2	8	0		1

FOR OFFICIAL USE ONLY				
W	DUP	T/A	2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K001	330	T	S04 D83	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: International Paper Company
Street: P. O. Box 340
City: Wiggins State: MS Zip Code: 39577

Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: International Paper Co. - Wiggins Wood Preserving Plant
Street: Old Highway 49 Cut Off
City: Wiggins County: Stone State: MS Zip Code: 39577

Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): Davis, Ras, Plant Manager
Phone: 601-928-3510

Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1972 To (Year): 1980

Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

_____
_____
_____

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

_____
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

K001

creosote and/or pentachlorophenol

Form Approved
OMB No. 2000-0138

Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet: 3,600

gallons: 27,000 gallons

Total Facility Area

square feet: 1,800 Small

acres: 0.04 Acres

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required

Name: International Paper Company

Street: P. O. Box 340

City: Wiggins State: MS Zip Code: 39577

Signature: Ron Davis Date: 5/13/81

☒ Owner, Present
☐ Owner, Past
☐ Transporter
☒ Operator, Present
☐ Operator, Past
☐ Other

INTERNATIONAL PAPER COMPANY
6700 LBJ EXPRESSWAY, DALLAS, TEXAS 75240

SCOTT P. BERDINE
Manager, Environmental Services (West)

PHONE (214) 934-6226

June 8, 1981

U. S. Environmental Protection Agency
Region 4
Sites Notification
345 Courtland Street, N.E.
Atlanta, Georgia 30308

Gentlemen:

Enclosed is an EPA Notification of Hazardous Waste Site form for the following site owned and operated by International Paper Company:

Wiggins, Mississippi - Treated Wood Facility

This notification is made to comply with Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980.

Notification is being made only because of the possibility that very small quantities of hazardous waste may have accumulated during many years of operation at this site. No significant quantities of hazardous waste are known to have been disposed at this facility. This facility was identified based on present knowledge, belief, recollection and reasonably available records.

International Paper Company reserves the right to withdraw this notification or to modify or amend it in view of information which may become available in the future.

If you need further information please contact me at 214-934-6226.

Sincerely,

Scott P. Berdine

Scott P. Berdine
Manager - Environmental Services (West)

SPB:lg

Enclosure

~~Ext~~

25

International Paper Co.
Wiggins Wood Preserving Plant
Wiggins, Ms.

Met w/ Jim Thompson of I-P in 1/14/82 and discussed all I-P sites on our list. Meeting was on 3/24/82

- This is an active wood preserving facility that is still treating lumber with creosote / pentachlorophenol.

- They have applied for RCRA interim status.
- They have a hazardous waste management program under way now and they've been working closely with David Lee at Ms. DNR in all phases of program.

- They have 3 hazardous waste impoundments that are not lined and handle creosote / Pentachl. The ponds are holding, evaporation, percolation ponds.

- Large complex, built by I-P in 1972.

- Have 3 existing monitoring wells (installed ≈ 1 yr ago)
  Have 2 more wells planned in near future.

- Groundwater contamination is present at this site.

* Active RCRA site and I-P has been working with Ms. DNR on their cleanup program so there's no need for us to interfere at this site in this project.

~8000 lbs. total

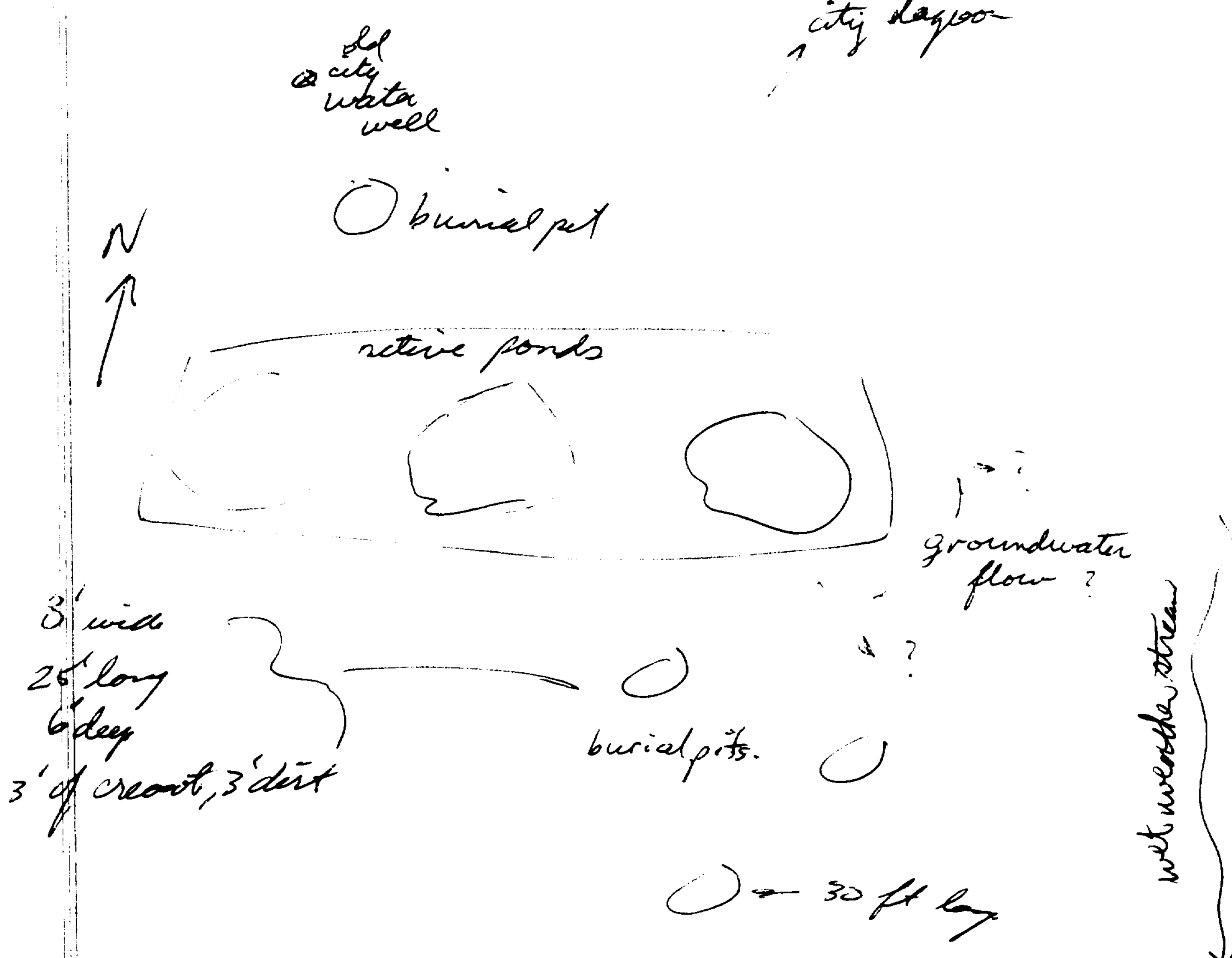
6 ft. deep

creosote with rock + wood chips + dirt

hard, red clay

near abandoned city water well — ~~gate~~ (too much sand.

< 200 ft.



currently trying to reclaim creosote w/ toluene